

**South Carolina Department of Disabilities
And
Special Needs**

SUPPORT CENTER SERVICES STANDARDS

Effective July 1, 2009

SC Department of Disabilities and Special Needs

SUPPORT CENTER SERVICE STANDARDS

The mission of SCDDSN is to assist people with disabilities and their families through choice in meeting needs, pursuing possibilities and achieving life goals and minimize the occurrence and reduce the severity of disabilities through prevention. Consistent with the agency's mission, the intent of DDSN Support Center Services is to provide people with Mental Retardation/ Related Disability (MR/RD), Autism, and Head and Spinal Cord Injuries and Similar Disability (HASCI) the supports needed in order for them to meet their needs, pursue possibilities and achieve their life goals.

DEFINITION

Support Center Service includes non-medical care, supervision and assistance provided in a non-institutional, group setting outside of the participant's home to people who because of their disability are unable to care for and supervise themselves. Services provided are necessary to prevent institutionalization and maintain the participants' health and safety. The care, supervision and assistance will be provided in accordance with a plan of care. An array of non-habilitative activities and opportunities for socialization will be offered throughout the day but not as therapeutic goals.

Transportation will be provided from the participant's residence to the habilitation site when the service start time is before 12:00 Noon. Transportation will be available from the participant's habilitation site to their residence when the service start time is after 12:00 Noon.

ANTICIPATED OUTCOMES

For a limited number of people (ex. elderly, those with significant medical conditions, those with significant psycho-social risk factors), other day support options may be inappropriate or undesirable. As an alternative, Support Center Service allows people to spend time away from home in a supervised setting where person-centered activities enable them to actualize their potential, have their needs met and enjoy new experiences.

It is expected that SCDDSN Support Center Service be provided in a manner that promotes:

- Dignity and respect
- Health, safety and well-being
- Individual and family participation, choice control and responsibility
- Relationships with family and friends and community connections
- Personal growth and accomplishments

It is also expected that Support Center Service reflects the principles of the agency and therefore services should:

- Be person centered
- Be responsive, efficient, and accountable
- Be strengths-based, results oriented
- Maximize potential
- Be based on best and promising practices

MINIMUM STANDARDS

General

Support Center Service will be provided in accordance with all state and federal laws.

Support Center Service will only be provided in or originate from facilities licensed by SCDDSN.

Support Center Service will be provided in accordance with applicable SCDDSN Departmental Directives, procedures and guidance.

People receiving Support Center Service are free from abuse, neglect and exploitation.

Provider agency staff must advocate for each service recipient to insure the person's constitutional, civil and human rights are protected.

Staff Requirements

Support Center Services will only be provided by DSN Boards or companies/agencies qualified by SCDDSN to provide Day Services.

Referral To Support Center Services

Support Center Service will only be provided to those who are authorized by a DSN Board or contracted Service Coordinator to receive.

GUIDANCE: Service Coordination will provide the chosen Support Center Service provider with a referral notification that at a minimum includes the following information:

- *Consumer information: (name, address, DOB, referral date, SS#, Medicaid # (when applicable), emergency contact information, and name of referring Service Coordinator).*
- *Authorization of service, number of authorized units,*
- *Additional information: (Critical and emergency information, health/medical information, and care and supervision information.*

Individuals receiving Support Center Service are supported to make decisions and exercise choice regarding the specific Support Center services they will receive.

Within 15 business days of receipt of a referral, the Support Center Service provider will notify the referring Service Coordinator in writing of their intent to:

- Accept the person for service, or
- Accept the referral for placement on the provider's waiting list, or
- Reject the referral

Prior to providing Support Center Services, a preliminary plan that outlines the non-medical care, supervision and assistance to be provided must be developed.

GUIDANCE: Plan must include essential information to ensure appropriate services and supports are in place to assure health, safety, supervision and rights protection.

At the time of admission/entry into Support Center Service, the preliminary plan must be implemented.

GUIDANCE: Preliminary plan is to be implemented on the day of admission. When assessments are completed, the plan will be completed and will replace the preliminary plan.

Assessment

Within thirty (30) calendar days of admission/entry into Support Center Service and annually thereafter an assessment will be completed that identifies the non-medical care, supervision, assistance and interests/preferences of the person.

The Plan

Based on the results of the assessment, within thirty (30) calendar days of admission and annually thereafter, a plan that outlines the Support Center services and supports to be provided is developed with participation from the individual and/or his/her legal guardian.

Guidance: At a minimum, the plan must be completed every 12 months.

The plan must include:

- A description of the care and assistance to be provided
- A description of the type and frequency of supervision to be provided
- A description of the kinds of activities in which the person is interested or prefers to participate
- Emergency contact information
GUIDANCE: All critical and emergency information for this individual must be documented in the plan.
- Current and comprehensive medical information
GUIDANCE: Medications (all medications taken by the individual must be listed and any assistance of medicating must be documented (self medicate or assisted medicate). All relevant medication information must be documented. All specific instructions concerning individual reactions, side effects or restrictions to medicine must be documented.
- Any information essential to maintaining the person's health, safety and welfare

Implementation

As soon as the plan is developed, it must be implemented.

Data must be collected as specified in the plan and must be sufficient to support the implementation of the plan for each unit of service reported.

GUIDANCE: Data must specify the amount of time the service was provided.

Data entries must be:

- True and accurate;
- Complete;
- Logically sequenced;
- Typed or handwritten in permanent dark ink; and,
- Dated and signed by the person making the entry.

Monitoring

At least monthly, the plan is monitored by the person responsible for developing and monitoring the plan to determine its effectiveness.

The plan is amended when:

- The person's care, supervision or assistance needs change, or
- When the degree of care, supervision and assistance being provided is determined to be ineffective in meeting the person's needs